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Conservation

BY MARY CAMPBELL MACQUEEN

The word conservation is almost as much used as efficiency and co-operation. We hear it in all connections, but perhaps more often in regard to food and production.

The main work of a nation in peace is production; its main work in war is destruction. In both it carries on its productive activities.

One of the first effects of war is to take many men from the work of production and continue to feed, clothe and house them; they cease to be producers, but are still consumers; and the means of maintaining them must be provided by the civilian population. These men not only cease to be producers, but become destroyers, using huge quantities of munitions which hundreds of mills run day and night to produce for their means of destruction.

The farms must produce foodstuffs not only for our Army and Navy, but to take the place of those sent to the bottom of the sea by submarines. The ore, steel and lumber mills must be used to replace ships that are sunk, and railroads provide transportation to move all this extra produce of farm and mine and mill.

There are two ways that must be used to avert disaster by lack of supplies. First, by reducing the amount of necessities, comforts and

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luxuries which the civilian population consumes. Take, for example, the waste in fuel, keeping houses unhealthily hot; having needless clothing, needless servants; excessive eating and drinking, and a full garbage can. Second, by increasing the quantity of things which the civilian population produces.

War makes great demands, but for comparatively few things: explosives, fuel, iron, steel, copper, clothing, and foodstuffs. The reduction of the use of luxuries will tend to force capital and labor out of industries which produce luxuries into those which produce necessities.

We wonder if this can be done. Well, one magnificent example of development along these lines is the United States railways. In the spring of 1917 there was the biggest car shortage that ever occurred; but war had just been declared against Germany, which made it imperative that the railroads should handle much more traffic, and at the same time made it impossible for them to increase their facilities. What did they do? They actually moved all the military traffic promptly and also 90 per cent. of commercial business as well as usual; this done despite the fact that freight traffic was 20 per cent. larger than the year before. This was accomplished by placing all the railroads under a committee of five railroad men—it meant co-operation.

There are so many ways and things in which we could save. Take, for instance, sugar. Forty-five per cent. of the sugar consumed in the United States and Canada is used in the manufacture of candy and like luxuries, and the consumption of candy on this continent has increased enormously in the past year, and now we are about to be placed on sugar rations. Butter is scarce, and the Allies need fat perhaps more than any other article of food; still, Toronto alone uses 778,479 lbs. of butter fat every year for ice-cream. Five minutes a day persuading firing men to be careful would have saved millions of tons of coal. A bonus system has been started in several large plants, and in one concern $200.00 was saved in one month in coal, making an increase of 10 per cent. in wages. Communal kitchens make a great saving in coal and are most helpful for poor people, and are successfully run.

In hospitals, where little things mount so rapidly and count for so much, there are a few "don'ts" we might remember: Don't heat food in a pan without water; don't use coarse scouring powder; don't throw away clippings of gauze or cotton; don't scrape pans: soak them; handle utensils with care. Where numbers have to be fed, the cafeteria plan has proved economical; the loaf and breadboard on the table saves bread, both from being wasted and becoming stale. Barbers' towels are very absorbent and have effected a great saving in gauze dressings. They have been satisfactorily used instead of the combined absorbent and gauze final on abdominal and other wounds; a few strips of gauze are put next the incision and the folded towel over this. Also, in the maternity wards, they save vaginal pads. For fresh cases, pads of absorbent cotton and gauze are used reinforced with a sterilized towel,

and after the first few days towels are substituted altogether. It requires a woman to wash these towels before being sent to the laundry, but that is much easier to have done than to procure gauze and cotton.

There are not nearly so many dishes broken when each one has to report every article she breaks. The same applies to rubber goods and thermometers; and the requisitions for dressings will not be so large if each ward is asked the exact number of dressings to be done in twenty-four hours.

These are small ways of saving, but they count; in greater ways it is machinery controlled by human intelligence, and man has a vast power of increasing the output; and the amount of the output depends less on the number of producers and more on the energy and intelligence and assiduity with which they apply themselves to getting machinery and the greatest possible service. A public health board has the slogan: "Fight or farm." Whatever we do, we must all help to "carry on."

For some facts, I am indebted to an article in *Scribner's,* November, 1917.

How touching this is, from Alice Brown's new book of poems! A rosary such as the little knitter made no Protestant could fault:

"THE KNITTER

"What do you do, Little Sister,
Murmuring there in the sun?
'If you please, I am counting my stitches.
My new knitting is just begun.'

"What do you knit, Little Sister?
A scarf for your shiny gold head?
'Oh, no! let my hair go uncovered;
I knit for a lad instead.'

"And who is the lad, Little Sister?
Your own lad by love and by right?
'Oh, no, if you please, it is any dear lad,
Barefooted there in the fight.'

"When I saw your bowed head, Little Sister,
And your moving hand on your knee,
I thought you were slipping along the beads
In Our Father and Hail Marie.

" 'Oh, yes, if you please, I pray as I count,
And the stitches and prayers make the sum.
Two is for England, four is for France,
And six is for Belgium.

" 'And all the great fellowship follows,
Woven in, row after row.
I pray as I knit and I knit as I pray,
Binding off with Amen at the toe.' "

Nursing a "Maharani."

Last year I was called to do night duty on an obstetrical case. The patient, the second and favorite wife of an Indian "Maharaja," was living in the Guest House, a large, modern palace, constructed and furnished after the English fashion, where the royal family's guests were usually entertained. I was sent for early one evening, and as the motor drew up to the Guest House I was surprised to see large numbers of men, probably a hundred or more, standing around in groups or leaning idly up against the walls of the building. The guards, mounted on fine horses and holding long lances, and the soldiers, dressed in "khaki," standing at attention, had not surprised me, for they were what anyone would expect in the neighborhood of royalty. But these men were a motley throng indeed; some in red coats, some in green coats, and others in no coats at all. I thought, "Could such men be the attendants on a 'Maharaja'?"

I was taken through the women's apartments; and as I passed along corridors and rooms, every corner seemed to be filled with women, barefooted and dressed in gay-colored "sarees." As I passed, here and there the tinkle of bangles and the jingle of heavy jewelry were the only sounds they made as they rose to their feet or stirred as they looked interestedly at the newcomer who had invaded the household.

The patient was a young woman of twenty, plump and pretty, with the most abundant hair I have ever seen on any woman. She was quiet and self-controlled, and made a very good patient. A large sword in a handsome, red plush and silver filigree scabbard, which always remained under her pillow, seemed out of keeping with her gentle temperament. But, then, was she not the wife of a Rajput, one of the warrior caste? The association with the sword would tend to make her child brave and fearless, a worthy child of the race; at least, so the presence of the sword was explained to me.

An English medical woman and a nurse, both loaned by a Mission in the North of India, had been on hand for six weeks in readiness for the case. One very noticeable thing was the general air of expectancy, accompanied by considerable noise and confusion, which pervaded the whole house. The doctor had managed to limit the number of relatives actually allowed into the sick-room to the patient's mother, two aunts, a sister, and a cousin or two. But on the verandah and in the small anti-room were a throng of relatives, friends, and even State officials. Prominent among these was the "first" Maharani, dressed in a filmy "saree" of pale green silk and sparkling with jewelry. Bright, chatty, and light-hearted in manner, she gave no indication of the great anxiety she really must have felt. If the new baby were a boy, might he not some day supplant her boy, the heir to the throne? One can only imagine how the burden, so carefully concealed, rolled away when it was

announced that the baby was a girl. More than one State official felt relieved also on hearing the news, for the ways of native courts are devious.

"Only a girl!" they usually say in India. Boys are much more desirable and much less expensive; a girl has always to be "married off," and the dowry must be in proportion to the father's position. Well, the little Princess was "only a girl," but she "tipped" the scales at seven-and one-half pounds—a good weight for any Indian baby. Important looking Indian gentlemen, in shining black coats and wearing handsome pink or blue "pugarees," weighed the baby. The Rajah himself looked on at this performance, for when the baby had first cried word was taken to him: "Your Highness, your daughter calls you."

As soon as the birth was announced, a brass band, conducted by an Englishman, began to play the State national anthem—a piece composed for this State by a German, and, one must confess, very good music. We were to be given plenty of opportunity to become familiar with the tune, for during the eleven days I remained at the palace no member of the royal family came or went but the band played the State anthem. The brass band was stationed a few rods from the palace and played at intervals all day long. An Indian band relieved it during the night and kept up the celebration.

On the night of the birth, when one began to think that the tired mother should surely be getting some rest, five or six women, chatting and laughing softly among themselves, came down the corridor, carrying, with evident difficulty, a bag containing something very heavy. This they brought to the bed-side and the "Maharani" touched the bag with her hand. The bag, containing five or six hundred rupees in silver, was then taken outside and the contents were distributed among the crowd. The men whose presence had excited my curiosity proved to be Brahmans, who waited to receive the largess given by the Rajah on the birth of a child. Indeed, for two weeks these and all other poor Brahmans who cared to come were fed at the State expense.

Though I anxiously looked for some rest for my patient that first night, she received but little. The bands played outside. and within the sick-room relatives and attendants moved about incessantly. The weather was exceedingly warm and clammy, and all night long waiting women stood over "Her Highness" with fans. Mother, cousins, and aunts, and what seemed an almost endless succession of relatives, stole in at intervals to see the patient. These Marathi women, although dressed in a strange manner, yet have a fashion of dress and beauty all their own. Yards and yards of soft mauve or pink silk were wrapped around the body in such a way as to enhance the natural grace and frame a face, which, though dark, is almost unsurpassed for delicacy and beauty of feature. These beauties wore a little red spot of paint in the middle of the fore-head, and their finger tips and soles of the feet were stained red. The Rajah himself, tall, dark, thin, and upright in figure, with his straight,

black hair brushed and oiled till it shone, dressed in neat fitting grey coat with rubies for buttons, paid frequent visits to his wife. On his approach, silence fell among the women; they rose from their positions on the floor and quietly disappeared, bowing low and "salaaming" most humbly to His Highness.

The next day, I am told, the celebrations continued with even more noise. State officials and relatives of the Rajah's large family connections came in their carriages or motors to see the baby, and were much surprised when they found they could not see the mother too. Gifts of money or jewelry were even more lavishly dispensed. Piles of British sovereigns and gifts of gold ornaments and clothes were distributed to all the waiting women. We were told that these gifts would have been much greater had a boy been born; indeed, in such a case every man in the State would have received a gift. As it was, many people, such as the State doctor and some officers about the Court, received gifts of several thousands of rupees.

On the fifth day the celebration began in earnest. Hindus believe that five days after birth, the Goddess Lakshmi writes the future history of the new baby on the child's forehead; and so, in order that the future may be bright and prosperous, a great feast is celebrated with music and dancing to please the fickle Goddess. The noise of the bands and "tum-tums" is supposed to drive off the evil spirits which might annoy the Goddess and cause her, in her vexation, to write something unfavorable. Various religious ceremonies had been performed during the day, and on my return in the evening I saw many things to excite my curiosity. Two small figures had been sketched on the walls of the sick-room beside every door. These were figures of men about six inches high, and, strange to say, one was always represented as standing on his head. Before the fireplace was a large pile of gifts—offerings to "Lakshmi." It included cocoanuts, oranges, limes, different varieties of grain, beautiful pieces of silk, and a sword. Some of the vessels were of gold and silver, and contained milk, syrup, and "ghee" (melted butter). Rather out of place appeared a large pail, quite old, and none too clean. It was half filled with water, and in it three or four large fish jumped and flopped about. Tapers and incense, mingled with the smell of ripe fruit, made the warm night air almost oppressive. What seemed strangest of all were four limes empaled on short, steel blades, stuck into the four corners of the bed. "Limes are very lucky."

The same evening the large grounds were illuminated with thousands of small oil lamps bordering the walks and flower-beds and placed about the walls and roof of the house. The effect was gorgeous in the extreme as the lights gleamed on the trees and flowers. Through this fairyland moved princes dressed in brilliant colors; and on its outer border, among the shadows, a numerous guard paced up and down, their bayonets gleaming in the light.

Two large tents had been erected on the grounds at some distance from the Guest House. In these "Nautch" girls brought from Bombay

entertained the people all night long until dawn began to break. Their plaintive, weird singing came distinctly to our ears. Two different entertainments were kept going in this way for three nights in succession. The women of the household attended in one tent; the other was for men only.

No infant that was not stone deaf could have been induced to sleep a normal amount in such a din. The little Princess, being a bright Indian baby, seemed to feel it her duty to remain awake for the celebrations held in her honor. However, both mother and child got along well, and when the "case" ended I was more than glad to return to the quiet of a small household.

IT CAN BE DONE

Somebody said that it couldn't be done;
But he, with a chuckle, replied
That maybe it couldn't, but he would be one
Who wouldn't say so till he tried.

So he buckled right in, with a trace of a grin
On his face (if he worried, he hid it);
He started to sing as he tackled the thing
That couldn't be done—and he did it.

There are thousands to tell you it cannot be done,
There are thousands to prophesy failure;
There are thousands to point out to you, one by one,
The dangers that wait to assail you.

But just buckle in, with a bit of a grin,
Then take off your coat and go to it;
Just start in to sing as you tackle the thing
That cannot be done—and you'll do it.

FOUND IN A TRENCH

Harken all ye whom duty calls
To spend some time within these friendly walls.
Others will sojourn here, when you have passed;
You are not first, nor will you be the last.
Therefore take heed and do whate'er you may
For safety and for comfort while you stay;
Just put a sandbag here, a picture there:
To make a room more safe, a wall less bare.
Think, as you tread the thorny path of duty,
Of comfort, of security, and beauty;
So your successors, when they come, may say:
"A splendid unit we relieved today!"

The Principles of the Arrangement and Administration of Caloric Diets for Metabolism Studies

By Loretto O'Reilly, R.N.
Nurse-in-charge Metabolism Ward, Royal Victoria Hospital.

Read at the Canadian Association of Nursing Education, Toronto, June, 1918

The nurse bears an important relation to metabolism studies. She occupies an intermediate position between the investigator and the patient. The investigator sets the problem, but it is the nurse who carries out the details. While it is possible for her to merely carry out instructions, and thereby bring a test to a successful conclusion, her work is more helpful to the investigator and more interesting to herself if she understands at least something of the problem which it is to solve.

Of the fundamental principles which underlie the arrangement of diets for metabolism studies, the need of accuracy is one of the greatest essentials, without which no amount of effort avails. This concerns not only the weighing and measuring and calculating of the patient's food, but the smallest detail connected with the patient. Every observation should be reported, no matter how unimportant it may appear at the time. Nothing should be taken for granted.

All the various foods we eat, when analyzed, are found to consist of protein, fat, CHO, which are called foodstuffs, and of salt and water. In the healthy body, food supplies the materials out of which the body is built and repaired; it is the source of the energy by which the body, considered as a machine, is "run."

The active structures of the body, such as heart, muscles, etc., consist in large part of protein. Fat is stored in depots as a reserve for emergencies. Only a small quantity of carbohydrate is present in the form of glycogen, which is exhausted after a few days of starvation.

After the period of growth is past, protein is used primarily to repair the waste which the body sustains from "wear and tear." Fat and CHO cannot replace protein for this purpose; and it is important to realize that all proteins do not contain all the necessary "building-stones," as they have been called. Gelatine is such a protein. CHO and fat are the chief sources of energy, and, in a well balanced diet, constitute the greater portion of the food. In health, when a person is taking a mixed diet, that is, one containing three foodstuffs, CHO and fat are equivalent, calory for calory, as sources of energy.

Of the published tables of analyses of food materials, Atwater & Bryant's *American Food Materials* may be commended.

Diets should be arranged always with proper regard for the digestive organs. Any diet which persistently causes any disorder of digestion should be altered.

A satisfactory diet cannot be arranged for a patient who is ill without taking into consideration the amount of food he requires when he is well. Sixty-five grams to 125 grams of protein may be considered as the normal demand, and 50-100 grams of fat and 300 grams of carbohydrate.

The energy requirement in health varies so much, mainly as the result of muscular exertion, that it is necessary to have a starting point, or base line, from which to make all estimations. The relationship between the amount of heat liberated in 24 hours and the weight of the patient in kilograms (2.2 lbs.) is expressed as calories per kilogram per day. The basal metabolism of the average normal adult per day is 26 calories per kilogram of body weight.

Except for well considered reasons, no person, sick or well, should be given a diet which furnishes less energy than his basal requirements.

The metabolic processes of a few diseases have been studied with great thoroughness, as typhoid and diabetes mellitus, so that it is possible to formulate definite principles for the arrangement of diets for these diseases. Some diseases increase the rate of metabolic processes, as typhoid; some diminish it, as diabetes. In all diseases the amount of food administered should be based, as far as possible, upon the known needs of the patient.

Protective Dietetics.—Under this principle the diet is so arranged that an overtaxed organ or function is spared as much work as possible. Such a diet often does not meet the energy requirement of the patient, but the deficit is carefully taken into consideration. The best examples of protective dietetics are illustrated in the treatment of certain types of nephritis, and of diabetes mellitus.

Diabetes mellitus is a disease of metabolism. The most striking feature of diabetes is the inability of the body to utilize the normal amount of sugar. In very severe cases no sugar at all is burned. In all cases that portion of the sugar (or starch) eaten, which cannot be burned or stored as glycogen or fat, accumulates in the blood until it overflows in the urine.

In the majority of cases of diabetes, the cells which carry on the sugar metabolism are benefited by the rest. It has been customary for years to limit the sugar and starch in the food of a diabetic. From time to time the attempt has been made to afford the cells as complete rest as possible, by partial or complete starvation. Comparatively recently, however, has starvation treatment of diabetics been placed, by Dr. Allen (of Rockefeller Institute, N. Y.), upon a rational basis. Under the treatment of rest, the cells reacquire the ability to metabolize sugar, at least in part, after which carbohydrate is added to the diet, according to the patient's capacity to handle it.

The Metabolism Clinic of the Royal Victoria Hospital consists of the ward proper, with accommodation for eleven patients, a completely equipped laboratory and kitchen and the outdoor department. Here the

various metabolic disturbances are investigated, more particularly diabetes and chronic nephritis.

Cases of diabetes are admitted for a period of not less than six weeks. On admission, if the patient's diet has been unrestricted, he is put on a diet of 1600 calories, containing 125 grams of CHO, in different forms. This amount is gradually reduced, the process covering three or four or more days, dependent upon his condition, as: age, general condition of patient, duration of disease, and the rapidity with which the urine becomes sugar free.

So it is evident that no set rules can be followed, but that the conditions of each case govern the treatment.

Dietetic acid and acetone bodies must especially be watched for: blood sugars are done the day after admission, and once a week thereafter; complications thus being guarded against by routine analysis of urine, blood and alveolar air. During starvation period, chicken broth (filtered and fat free) is given, also in some instances, and also on a low diet (3xW) three times, washed vegetables are given. The 5% vegetables—cabbage, celery, spinach—are used and are prepared by boiling for three half-hour periods, changing the water after each period.

With sugar free urine the tolerance for the different food elements is ascertained. All fluid and salt is measured: both are unlimited within reason, unless contra-indicated; patients are weighed every day.

A graduate nurse is in charge of the ward, and two pupil nurses make up the staff—a third-year nurse and a junior. All diets are made out according to the prescribed amounts of protein, fat and CHO, and all work is checked as far as possible.

Careful watch must be kept that the patient gets no food other than that prescribed by the physician, for "The way of the transgressor is indeed hard."

Co-operation on the part of the patient is absolutely essential. An effort is made to give each patient, during his stay in hospital, a sound and, as practical as possible, knowledge of food values, and sufficient training to enable him to examine his urine, so that after his discharge he is able to give an intelligent report weekly of its condition and his dietetic standing.

SUMMARY

Nurses should be familiar with the principles involved in the work. These include a general understanding of the composition of food and of the metabolic processes of the body. It is especially important to recognize the fact that metabolism may be greatly modified by disease, and that diets should be arranged with this in mind. At times it may be necessary to disregard, temporarily at least, otherwise well established principles of nutrition.

Those who bring sunshine into the lives of others, cannot keep it from themselves.—J. M. BARRIE.

War Notes

The search by the German military authorities for copper and brass to be used in making munitions has disclosed that most of the supposedly copper statues in Berlin are nothing but extremely thin metal shells, similar to some of the trophies presented by the Emperor in pre-war days. It has been decided that it will not be worth while to dismantle the statues because of the small amount of metal to be obtained. The large copper figure of Berlina, a female figure representing Berlin, on the Alexander Place, is the first Berlin monument to be taken down for melting.

A site in Richmond Park, London, has been selected for the hospital to be presented to the American Red Cross by the joint War Committee of the British Red Cross Society and the Order of St. John. The original intention was to place the hospital in the great park at Windsor, and the King had consented to give a site there. It was found impossible to carry out this intention owing to the clay soil and difficulties of drainage.

Germans in Belgium are looting the palace of King Albert. Germans have taken into Holland pictures, furniture and books known to belong to the King's collections. Originally, the Germans declared King Albert's possessions to be "quite sacred" to them.

The first Canadian woman to win the Military Medal is Evelyn Gordon-Brown, of Ottawa, a member of the First Aid Nursing Yeomanry. An ammunition dump had been set on fire by the enemy and all the ambulances available for the removal of the wounded had been destroyed. She, with other women ambulance drivers, who were also decorated, brought up three ambulances, and, in spite of the danger from explosions, succeeded in removing all the wounded. Her only brother died of wounds last year.

"A carry-on magnet, efficiency guaranteed," was advertised recently in German newspapers by its inventor. The magnet was said to have mystic powers enabling its possessor more easily to endure the food privations. The price was 300 marks, and the buyer was permitted to inspect it before paying for it. It proved to be ten pounds of bacon, at a cost of about $7.50 a pound.

Queen Mary accepted on her silver wedding anniversary 600,000 silver-wedding presents from all over the world, collected by branches of Queen Mary's Needlework Guild and worth $250,000. She had announced that she would not receive personal gifts, but would like them for soldiers and sailors. There were forests of sticks and crutches, libraries of books, and a very large quantity of tobacco, soap, stationery, surgical necessities, shirts, blankets, gramophones and games. An American woman, aged 102, sent ten handkerchiefs hemmed by herself.

The firemen of Montreal knitted, from January 1st to August 1st, 3,000 articles for the sailors. In one month they sent 400 pairs of socks,

275 sweaters and 100 scarfs. One energetic fire-fighter knits a sweater a day, and few women can equal the quality of his workmanship. The gifts were made through the Women's Branch of the Navy League.

Baron Heitare Fujita gave Prince Arthur of Connaught $50,000.00 for the British Red Cross, on the occasion of the Prince's visit to Japan. The cheque was for 100,000 yen, which amounted to over $55,000.00. The Baron is a wealthy industrial magnate of Osaka and a member of the British Society of Japan.

Two large Canadian hospitals suffered heavily in a German raid on the British hospitals in France. The Canadian nurses shared the honors with their British sisters and showed the utmost heroism in tending the wounded under terrific fire from the skies. When Matron Number Seven called for volunteers to move across the open, under bomb fire, to give needed help, every nurse present volunteered. She took the nearest two, who moved out unhesitatingly as though selected for special honor. Many nurses were wounded and some killed. The latter, two days later, were given a soldiers' funeral.

During the first six months of 1918, nearly one hundred thousand parcels of food and clothing were sent from England for the relief of Belgian prisoners in Germany; 73,284 acknowledgment cards were received in return.

The Paris *Daily Mail* says that orders have been issued forbidding American officers and men at the Front to correspond with "godmothers" or other strangers.

When the Germans left Chateau Thierry houses uninjured outside were completely destroyed within. In one, a child's nursery, the soldiers had ripped open the drawers, stamped on the toys, torn up the little colored books, and crushed the faces of the dolls. A case of Crown Derby that had been carefully packed was forced open and every piece broken. Unspeakable defilement was everywhere.

LETTER FROM A NURSE

"Last week I took part in a beautiful Memorial Service at St. Paul's for 350 nurses who have died, been killed, or drowned, during the war. Five thousand nurses were in that wonderful Cathedral. Canada had the seats of honor on the right, behind Royalty; Australia on the left, and so on. I sat three rows behind Queen Alexandra, Princess Beatrice, Victoria, etc., so saw and heard everything to perfection. The band of the Coldstream Guards played several pieces before the service, one being Sullivan's lovely "In Memoriam," and after the service Gounod's "Dead March." That I shall never forget: it was simply indescribable; those drums meant something after being up with the guns.

After a short silence, from away at the back of the Cathedral came the clear-cut tones of the bugles, giving the "Last Post." Another

silence, and then "God Save the King" completed the military honors given to those nurses.

The whole thing was so quickly and well done—no fuss or bustle, in spite of the huge crowds. It was simple and impressive.

When the Chaplain spoke of St. Paul's as the Parish Church of the Empire, I felt very proud of my right to be there that day."

A LETTER FROM AN AMERICAN PEN

"The Pageant of Fair Women," by Mr. Louis N. Parker, was presented at Queen's Hall, London, England, May 12, 1917. It was arranged by Clara Butt, England's greatest prima donna, who commanded the finest talent of every country. A wide flight of steps leading from the organ toward the front of the stage wonderfully adapted the hall to the requirements of the Pageant.

There was not a man in the entire performance. The London Conservatory of Music sent its pupils to the number of fifty for the chorus, all in flowing white robes and veils, each carrying a great bunch of white lilies. They came first, from a door under the organ. Then radiant in rose color with rose tulle floating about her and wreathed in roses came Lady Tree, England's most famous woman actor, the wife of Sir Herbert Tree. She descended the long line of steps, taking her place on the right as England, surrounded by the girls in white. She is dainty and beautiful. Then from across the stage came Ireland, with her maidens clothed in green playing their harps and making obeisance to England on her throne. Scarcely waiting for Ireland to pass up the steps toward the organ, from the other side came Wales in blue and white, and a Welsh prima donna, singing in her native tongue, a most inspiring song before she made her bow to England, and they passed up the other side to their places. Then from in front, following the Scottish flag down the long steps, came Scotland in cloth of gold to give homage to England. Each country sang her love for the Motherland. Finally in a robe of gold, draped in the British flag, carrying the spear and shield of Britain, came Clara Butt, grand, tall, magnificent. She slowly descended the steps to the music of the wonderful orchestra which in all the performance never stopped playing. She took her place opposite England amidst a great burst of feeling, expressing love and loyalty.

Then came from the side a Red Cross nurse, telling in a few sweet strains of her work of love. Lady Tree, as England, took her hand and seated the nurse at her knee. Hope came next, followed by Love, each suitably garbed and singing their parts; then Music, the Drama and Arts, all of whom gave homage to Britain. But they were put aside for the soldier's mother in grey who told of her longing and sorrow. Her boy had been buried in France only eight weeks before. The soldier's wife in black sang to a soft accompaniment of the orchestra, "Tramp, tramp, tramp, the boys are marching," "Will you come back to me, to the child you never have seen?"

She was followed by the postman with her pack and hands full of letters, to relieve the sad tension of the last song, and a workwoman in munition dress sang in Lancashire dialect. All these grouped themselves behind England. From the side entrances came all of England's possessions—Egypt, Africa, Ceylon, Australia and Canada, until it seemed they would never end, all with their banners.

Clara Butt, as Great Britain, sang Kipling's "Have You Seen Our Boy Jack?" There was not a dry eye in the house. Turning to England, she said: "These are my loyal peoples, and they fight well, but the enemy is strong. Upon whom can we lean for help?" Then from the outer doors at the back of the hall, winding down the long aisles, came France with banners high aloft and face radiant. She ascended the steps leading to the stage, followed by Belgium bowed in grief but with colors flying. In either hand France led Alsace and Lorraine, pale and worn. Great Britain took the hand of each and welcomed them in song too beautiful for description. Alsace and Lorraine had cowered in a corner, but Britain searched them out and supported them, while opposite stood England surrounded by Faith, Hope and Love.

Then followed Russia, Japan, Italy, Serbia, Roumania, Montenegro, each in national dress and colors, until at last all the Allies were grouped in harmonious, glowing colors and a prima donna from each had sung her national anthem. To me Russia exceeded them all except France. When France had confided her dependent Belgium, Alsace and Lorraine to Great Britain's care and sang the "Marseillaise," I think America must have felt the applause. There never was so glorious a voice. As a French woman feeling her country's greatness and stress, she put into it a fervor indescribable. Every country had gathered near her in loving sympathy. Then Belgium draped in black, her flag floating over her head, grasped its folds and sang "My Country's Flag! The Red is her blood, the Orange her courage, the Black her dead." Oh, how it thrilled all hearts as she kissed her flag and gave voice to her country's struggle! Roumania, Serbia, and, smallest of them all, Montenegro, followed each with her tale.

Then came a moment of quiet. All seemed listening. Great Britain called—"And are these all who come to help us in our need?" There was a hush. Way up in the upper row in the extreme corners, with eyeglasses and spears, were two women clothed in gold. The one on the left sang:

"I've scanned the seas,
There is no one there.

The other on the right sang:

"The skies are brass,
The seas are clear,
There is no one there."

Down below on the stage stood Great Britain, England, France, Russia, Italy and all the rest, with Belgium, Alsace and Lorraine in the

foreground. There was a moment when all quivered with feeling. The reply came, "All—yes, all." But a glorious voice up somewhere sang "And we have waited so long, so long." Sadly those who represented each land, with bowed heads grouped about Clara Butt as Great Britain, each looking to her; France reached out her hand, and Great Britain stood the centre of them all with France. Grouped in a long line clear up to the organ were the standard bearers with their banners. It was a wonderful tableau, with the solemn music of the organ and orchestra. After a moment of quiet when we could feel the tension ready to break, Great Britain's voice broke the stillness: "Let us all join hands." As the arms of all Allied Nations were extended to clasp hands in one great circle, above the organ and orchestra rang out Mary Anderson's voice, "Hold! Into your firmament I bring my stars!" The long line of banners separated and up by the organ slowly came our Mary, gowned in white, wrapped in a glorious flag of silk, and above her, carried by her standard bearer, the Stars and Stripes. All eyes were upon her. Queen Alexandra jumped to her feet. The organ and orchestra burst into "The Star Spangled Banner." Any one who has ever heard Mary Anderson's voice can imagine that moment. Spellbound, every one waited, hardly breathing, as she fairly floated down the long steps. Great Britain met her with outstretched arms; France grasped her close, and one by one each country embraced and all surrounded her. The Queen and her suite and everyone else was crying for joy. America would have been satisfied could she have seen that glad triumphal entry. No one but Mary Anderson could have personified truth, purity, and glad joy as she did, standing there before that vast audience, with representatives of all nations about her. A prima donna sang, with wonderful richness, "The Battle Hymn of the Republic." The white-robed maidens knelt, holding up their lilies as she sang—"In the beauty of the lilies Christ was born across the sea," while Mary Anderson lovingly kissed our flag.

Meantime Great Britain had resumed her throne; and when the hymn was concluded, it was back by the side of Great Britain and France that our Mary, with her flag, took up her appointed place. No words could express the invocation that followed when Great Britain and her three sisters voiced in music and in prayer the need of God's strength and protection.

Give Back Yard a Chance

A back yard can grow a crop just as well as the rural market garden. Some people have an idea that a poor soil will not produce a crop. This is a mistake. Dig it well and fertilize it with leaves and street sweepings.

The calmer, deeper thanksgiving for usefulness: "Blessed be the God of comfort Who comforteth us that we may be able to comfort them who are in tribulation."

War Conditions in the Nursing World

By ADELAIDE NUTTING

(Continued from last month)

As to relationship with colleges, before the War began there were five or six University Schools of Nursing. There are now relations of one kind or another with twenty-one Universities, and the last that is considering the matter is the old and honoured Yale University, which is just about to set up relationship with the New Haven School of Nursing. With the non-resident students and with the larger number of students a great many schools are able to shorten hours, and the whole structure of our training school, we feel, is improved and bettered, and some sort of a real miracle seems to be happening. I often think that in our Schools of Nursing we have been living in the past. I believe we did, more than many, look back on precedents. We either live in the past or we are working hard to maintain the present current situation, but I am sure we have not looked far enough into the future, and it is a very good thing to us to have to waken to the fact that, if our schools are to render the service they ought to render, we must look into the future; that this growing, changing, moving world and the training school cannot go on as it did eight years ago and meet the present needs.

Then our work has given a very fine unity, and that is symbolic of what we think will come out of this agonizing, terrible war. A couple of weeks ago I visited the City of Detroit, where they had a most beautiful graduation of the students of seven training schools. This was held in the large Armory—quite appropriate for the moment—and it seems to me I have rarely seen a more beautiful sight than the graduates of those various schools come floating up the aisles, and realize that the City of Detroit had united its efforts and had the graduation of all its schools together, and was showing the country what it was presenting to the nation in trained women. In Rochester the other day they decided in three Training Schools that they would pool their instruction and engage one very able instructor to give certain subjects in three schools. In Cleveland they are doing some of those same things. In two or three ways we are very much behind you. You have one thing we sorely need; you have obtained rank for your nurses—(applause)—and all honour to those who had foresight and wisdom enough to obtain that for you, because while you were not eager for it, and you may not think about it, yet let me say that if it is essential for a man in the military world to have rank in order to have his orders carried out, if it is necessary for him to be given a certain rank and wear a certain insignia—an able-bodied man—then the women in that same military establishment with any responsible duties need to have the same kind of insignia and the same kind of rank to give her the same power to do the work that she is concerned to do. So long as men think it necessary to have rank and insignia of rank,

just so long is it necessary for anybody who is a part of that military federation and has certain responsibility which places them in control of other persons. It is not a question of whether you like it or not; it is the principle, and there it is.

Recently we have been writing, and I have been urging this strongly, and hope it will take place—that we have some distinctive order for those nurses who render notable services abroad, and who have stood bravely and heroically under fire, as we know our nurses have repeatedly done. Quite recently, when the Hospitals were under fire, the records told how the nurses went quietly about, caring for their patients, at every risk; and we realized that they were brave and heroic—we afterwards knew they were—but it is the public recognition of that for which I think we should ask for our nurses, just in the same way, if that is thought valuable and desirable for our men, it is equally valuable and desirable for our women who are courageous and brave and heroic.

If I have any message to bring to my friends in Canada it is that, as far as we can see, the best thing we have done is to fill our schools; and I should say that I hope very much you will feel that to be one of the things you will like to undertake. For some months past we have heard in the United States—I do not know how true it is—that in some parts of Canada there is a very great dearth of nurses, notably in your great Northwest. After nearly four years of war, it would seem reasonable that you should have a dearth of nurses—a great dearth—because you have had great responsibilities and met them very splendidly. With the fine schools that you have, and the great resources—I like to think of that beautiful Royal Victoria Hospital in Montreal—one of the most beautiful Hospitals in all America, I think, and the great school here in Toronto, and your large schools in other cities in Canada—you have wonderful opportunities here, and it seems to me that unless you are already engaged in it, that this is one of the clear-cut tasks before us, to increase our numbers of nurses. The whole history of nursing in Canada is full of great and splendid traditions. When you go back to the very early days of the work here you find the Sisters in Quebec and in Montreal toiling faithfully and devotedly; and all the way down through the history at every turn you will find good work, sound work, brave work being done by Canadian women; you will find good standards being upheld, and Canada has a fine past to look back upon, and I feel she should have a very unusual future. I think there is one thing that I do not hear as much about as I would like to hear. I think there is a superb challenge in that great Victorian Order of yours. When I saw a map that was sent down to me last year it seemed to me a stirring sight to think of little Hospitals and Visiting Nurses' Associations being established from the eastern coast to the western, and that this nation was stretching out its hand to its sick children out on the frontiers of civilization in those sparsely settled places. I thought it very wonderful. I think it would be a challenge of the greatest kind to any woman to take a share in that national work. I do not know enough of the situation to know the

detailed problems, but I know what the thing itself is, and it ought to be, and is in its essence a very wonderful thing.

And then Canada shares with Great Britain these imperishable things, because directly comes to us nursing itself through Florence Nightingale—the whole modern system, district nursing, which was established in England; school nursing, which was started in England; Tuberculosis nursing, which was started in Edinborough. Then a little way from England, go to New Zealand, and find infant welfare work by that admirable Doctor Derby King. I feel sure that when I go into Hygiene and find its beginning, I shall find that somebody has been doing it within the past fifteen years. Nearly every good branch of nursing that we are engaged in had its origin in England—had its impetus there —and Canada shares in that. (Applause.) Then there has not been any higher or nobler philosophy of life than those few final words of Edith Cavell. I know you remember them and it is not necessary for me to repeat them, but it seems to me that the thing that she said, "It is not enough to have patriotism; we must hold no bitterness in our hearts towards anyone." I know of nothing nobler in all history than that. It seems to me that we in Canada share so directly in the splendid traditions of England and English women that something more is expected of us than of other countries. You see, I put myself with you, because, though I have lived very happily in America, my adopted home, and have been given great freedom to grow there, yet Canada is my home, and I love it very dearly. (Applause). I do not think we can forego helping to teach the world to expect high things of Canadian nurses. I do not believe we can afford to do it, and I do not believe that any country offers more superb opportunities and a more superb history and background.

Just one final word. We are speaking now in the hall of the University, and those opportunities we are giving to nurses through the Universities of our country I sincerely hope may come to the nurses of Canada through the great Universities of this country. When I heard a few weeks ago that old McGill was offering the degree of Bachelor of Science in Household Science it seemed to me there were no traditions so venerable and no precedents, no prejudices, no customs so entrenched that could make them deny after that the educational advantages and opportunities to nurses when they had reached out to offer a degree in Household Science; because nursing, as we see it, is the saving and the helping of our people in sickness, the safeguarding of our children and our people so that their health is maintained. Canada has, inevitably, a great industrial future, but you cannot have a great industrial future without a healthy people; and inevitably nurses must have a big share, a large and important and deep-seated share, in the maintenance of the health of the people, wherever they are; nothing is more certain than that. I think Canada is certainly justified in counting upon her nurses to render that share with all faithfulness, and in giving them every possible opportunity to do the best that is in them to do, and I should not think there would be much if anything better. I hope that before long we will come

back to the University and find, perhaps not in this hall, but elsewhere, groups of nurses, in caps and gowns, being presented for their degree by the Dean of a School of Nursing.

—Read at the C. N. A. Convention,
Toronto, 1918.

Personal Observations of Nitrous-Oxide and Oxygen Anaesthesia

By Samuel Johnston, M.A., M.D.,
Senior Anaesthetist to the Toronto General Hospital

A very great deal has been written on this subject in the last three years, and comparative statistics given with other anaesthetics and this one, as to the safety, both immediate and remote, and there is an erroneous idea, not only among the laity, but among the profession, that because nitrous-oxide and oxygen has been so much talked of, as the safest anaesthetic, that therefore almost any medical man can administer it. Such may be true, with a little experience, for very short operations, where only a momentary anaesthesia is required, as, for example, the extraction of teeth, incising of abscesses, etc., but for prolonged anaesthesia in general surgery, and in obstetrical practice, to get the best results, the administration of nitrous-oxide and oxygen requires the highest skill in anaesthesia.

In prolonged anaesthesia, where major operations are being performed, on account of the narrow margin between anaesthesia and non-anaesthesia, with nitrous-oxide and oxygen, it is sometimes difficult for the most skilled anaesthetist to keep an even balance between the two gases, for it is well known to the experienced that the manipulations of the surgeon vary greatly, from time to time, in the progress of the various operations, and you may get a reflex inhibition of respiration, and cyanosis may occur, which can only be rectified by the immediate changing of the per cent. of the gases. Smooth and even anaesthesia can be obtained only by the alertness and skill of the administrator in not only watching his patient, but observing and anticipating the manipulations of the surgeon.

The best results do not entirely depend on the anaesthetist, but in team work, the surgeon also recognizing that care and gentleness must be exercised in his manipulations.

I have been administering nitrous-oxide and oxygen in selected cases since 1902, and in the last five years I have administered nitrous-oxide and oxygen in almost every kind of operation; and I find, as I am sure other anaesthetists do, that if the surgeon leaves the previous medication to the anaesthetist, the most satisfactory results from anaesthesia can be obtained.

For such operations as thyroidectomies, adenectomies and mastoid operations, operations on the thorax, all abdominal operations, perineal operations, and operations on the extremities, nitrous-oxide and oxygen is most satisfactory for nearly all classes of patients, with the exception of alcoholics.

It may be necessary to switch on a little ether, occasionally, to overcome straining, which condition you sometimes get with robust patients. But this must be very carefully done.

There are, however, some operations for which nitrous-oxide and oxygen is not so satisfactory, such as operations on the larynx, nose, throat and mouth. This is owing to the difficulty one encounters in excluding the air during the administration.

In obstetrical work there is no anaesthetic so satisfactory and so safe, both to the mother and to the child. In this work less skill is required, owing to the fact that anaesthesia does not require to be so even or so prolonged. Nevertheless, the greater the skill, the more satisfactory will be the results. There is, as far as I know, one very important point that has not been mentioned heretofore to which I would like to call attention, viz., that immediately before the child is delivered, it has been my habit to switch on a large percentage of oxygen, resulting in the child having a pink appearance when it is born. In almost every case, where the child is viable, there is no difficulty in resuscitating the child. There may not be any effort on the part of the child to breathe, when so filled with oxygen, for two or three minutes, but this gives the child a start, and very soon respiration will begin naturally, without any assistance. The same treatment holds good in caesarian sections. Immediately before the uterus is incised, I give the patient a few breaths of pure oxygen, and I have yet to see in a viable child any cyanosis, or the slightest difficulty in resuscitation. The obstetricians with whom I work are most gratified with this procedure.

I am an advocate of nitrous-oxide and oxygen where it can be used. There is one objection in connection with its use that, I think, all anaesthetists encounter, and that is the cost of the gases, and the appliance for the administration. But I think, when the laity come to understand the real value of it, they will be willing to pay the additional cost, for the comfort and safety to the patient that the use of nitrous-oxide and oxygen insures.

Just a word, from the nurses' standpoint, the patient is awake and quite intelligent within a few minutes. There is no nausea or vomiting, all of which tend to lighten the work of the nurse.

Courage for the great sorrows of life and patience for the small ones, and then, when you have laboriously accomplished your daily task, go to sleep in peace. God is awake.

VICTOR HUGO.

A Summer in the Northland—Harrington Hospital, Labrador

By Nina West

It is several months now since my trip, and many of the more interesting incidents have been forgotten; but I will try and recall some of the sights and scenes of the Labrador coast.

Our trip down the St. Lawrence and through the Gulf was most interesting. I was very fortunate in meeting, at Quebec, Miss Ross, a nurse from the Presbyterian Hospital in Chicago, who was also going as a volunteer worker to the Harrington Hospital. We had pleasant weather, with beautiful moonlight nights, and a good many interesting passengers, parties on fishing trips, who helped to make our journey more pleasant.

We were five days on the water, the last day of which was quite rough, and it was all we could do to keep from being seasick—which is no pleasant feeling, I can tell you.

There were only three wharves all along the way. At each of these we got out to have a walk, and see the place as well. Most of the villages are so small, with only a few houses, that they have no wharf: the steamer anchors in mid-stream; and it is interesting to see the little boats, with fishermen, coming out to the steamer, with the most eager expressions on their faces, looking for mail, freight, or any passenger who might be on board. We do not realize how much the coming of the steamer means to these people, who are shut in all winter, having little or no communication with the outside world.

There are a group of islands in the Gulf of St. Lawrence, and on the largest of these islands Harrington is situated. About three of the outside islands are inhabited, but with only a few families.

The island of Harrington itself has a population of about 200; the houses are all built close to the shore. The country is very barren, the islands being composed of red granite, which is covered in some places with earth enough for moss or a few shrubs to grow. There are no trees and very little grass—nothing but rock and water. But in spite of the wildness of the country, it is very beautiful.

I might say here that I never enjoyed such sunsets as we saw in that northern land, when both sky and water were radiant with the sunset glow, lasting usually for a long time, and the after-glow remaining long after the sun had disappeared.

Very frequently we watched the northern lights dance and flit across the sky. They are more vivid here than I ever saw them elsewhere, they seem to be so near the earth, and you can distinguish faint shades of green and pink. It is interesting to watch them as they change from one shape to another; and if you listen you can hear their "swish, swish," as they move back and forth like a huge curtain.

You will probably notice that I do not say much about the early morning and the sunrise. But I actually *did* see the sun rise twice during my stay in Labrador, and might say that I enjoyed that sight even more than any other; perhaps it is because I did not see it so often.

But now I must tell you something of our work. The Grenfell Mission is indeed doing a noble work for these people, who seem to have so few comforts and are often even without necessities, with whom life is all work and no play. This mission was founded especially for the deep-sea fishermen of the Labrador coast, and has since ministered both to their spiritual and physical needs.

The hospital at Harrington is well equipped and of fairly good size, having a room for fifteen patients besides the dispensary, from which medicines are distributed when needed, and where the outdoor patients are treated. The operating room is well furnished, with almost everything needed for a successful operation.

Dr. Grenfell arrived at Harrington on his hospital ship "Strathcona," and stayed with us several days, during which time he performed two operations, at which we had the pleasure of assisting. I had never seen Dr. Grenfell before, and very much enjoyed meeting and hearing him speak. He spoke to the people in the Mission Hall one evening, giving a talk which was both instructive and interesting. He was accompanied on this trip by Mrs. Grenfell, whom it was also a pleasure to meet.

Dr. West, who has been in charge of the Harrington Hospital for two years, has been doing good work, assisted by Miss Murray, a graduate of Trull Hospital, Portland, Maine, who is now starting on the second year of her work. The doctor has 200 miles of the coast to cover, travelling one hundred miles east and west, visiting the villages and ministering to the sick, bringing any who require further treatment to the hospital. During the summer he travels in his boat, the "Northern Messenger," but in the winter, when everything is frozen and enveloped in ice and snow, he uses the komatik, or dog-sled, drawn by eight or ten huskie dogs. During the time that the doctor is away on these trips the nurse has full charge, doing all the work, both in the hospital and in the village. Miss Ross and I were there for three months of the summer, assisting and relieving Miss Murray, thus giving her an opportunity for a holiday.

The work of the hospital is carried on much the same as in any other. We had an average of eight or ten patients. Sometimes, when the patients were very ill, we were kept pretty busy, but at other times the work would be easier, and we would get away on fishing and boating trips. We made visits amongst old and sick people in the village, doing what we could for them.

The inhabitants are simple, kind-hearted people, who I think appreciate what the Mission has done for them. Of course I am only speaking for Harrington, where the people are really superior to people farther down the coast, which is due chiefly to the influence of the Mission.

The men and boys, as soon as they are able, spend their time fishing, which is their only means of livelihood during the summer. In the early part of the season they fish with traps or nets. These traps they leave in the water, going out twice a day to get the fish which have been caught. This is a most interesting sight, there being such a quantity of fish; but later in the season they use just a hook and line. The fish they catch are chiefly codfish, with some salmon. These fish are cleaned and spread on the rocks to dry, which is the work of the women and children.

The trading schooners from Quebec and Halifax go there, taking their fish, and giving in return provisions and supplies.

I certainly enjoyed my trip, and had a wonderful experience; and would advise any nurse, who wants to spend a cool and quiet summer, and also be doing good where it is much needed, to go to Harrington or some of the other hospitals belonging to the Mission.

The thermometer registered not higher than 64 degrees all summer —ideal weather. There is bathing, although the water is cold; boating and fishing; and one can spend a most pleasant and profitable summer.

The place is very quiet. About the only noise to be heard, especially during the night, is the dash of the sea against the rocks, and the howl of the huskie dogs, which is very weird at first, but rather entertaining when one becomes accustomed to it.

French Dressing

Season three tablespoonsful of olive oil, or melted butter, with a little salt and pepper and a few drops of onion juice, if desired; add one tablespoonful of vinegar and heat until the dressing thickens slightly. It may be served with lettuce, or any green salad. The salad should be lightly stirred in it until the leaves are coated; there should be no free dressing in the bottom of the bowl.

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A Vegetable Milk

In these days of agalactia, any reasonable substitute for milk is certain of a welcome; so that particular interest attaches to the soy bean, an alimentary plant grown on a very large scale in China, and imported into this country by hundreds of thousands of tons annually for the sake of the oil it contains, which is utilized in the manufacture of soap, margarine, etc. More interesting, from the alimentary point of view, is the fact that it can be made to yield a substitute for milk, which, in respect of appearance and composition, so nearly approximates the familiar article as to be well-nigh indistinguishable therefrom. The process is simple.

Five ounces of the bean are soaked overnight in a quart of cold water; it is then coarsely ground, mixed with the water with which it has been soaked, and filtered through muslin. The result is a milky fluid with a rather strong smell of haricot bean, which disappears after it has been raised to the boiling point. Infants take it readily, and, mixed with tea or coffee, the taste is imperceptible. Fresh soy-bean milk has a faintly acid reaction; it is quite homogeneous under the microscope, and its physical properties are those of cow's milk; rennet causes it to curdle, lactic acid germs cause it to undergo lactic acid fermentation. When boiled, it "rises" like ordinary milk and forms a pellicle on the surface. Its composition is: Casein, 3.13 per cent.; fats, 9.89. But it lacks carbohydrates, a shortcoming which can be easily remedied. As the fatty constituent is an oil, butter cannot be made from soy-bean milk, but it can be made to provide cheese (120 grams of the bean yields 184 grams of cheese), and the cheese can be made to resemble any of the popular cheeses in the market; it is merely a question of employing the proper flavoring ferment. Soy-bean milk can be retailed at 3 centimes a litre. The residue, after making milk, is still very rich in alimentary principles, and can be worked up into very palatable "almond" cakes or biscuits. Being practically free from starch, these cakes are specially suited for consumption by diabetics. Roasted, the bean provides a colorable imitation of coffee, just as do barley and oats, to what a satisfactory degree only those who make use of these substitutes will understand. The soy bean and its derivatives are very rich in phosphates, so that infants reared on the milk are never likely to develop rickets.

Unfortunately, the soy bean does not take kindly to the English climate, but it grows freely in China, where it is indigenous; in Southern France, in Algeria, and in many parts of the United States, where the plant is used extensively for fodder. There are a number of varieties possessed of special qualities, according to climate and the object in view —for example, oil, or milk, or cattle food. A practical idea of its alimentary value may be formed by contrasting the cost of this as compared with other albumins: 100 grams of albumin, at before-the-war

prices, would cost—from egg 1s. 8d., from meat 1s. 4d., from pork 8d., dried peas 3d., and from soy bean 2d. The bean contains four times as much mineral constituents as meat, and is twice as rich in phosphoric acid. Here is an analytical table showing the comparative values of soy beans and some of the pulses in common use as food in this country:

	Water	Nitrogen Constituents	Fats	Starch	Cellulose	Ash
Soy Beans—						
Maximum.....	11.30	38.41	14.80	32.11	6.20	5.20
Minimum	10.00	34.85	12.98	26.74	3.60	4.35
Lentils—						
Maximum.....	13.50	24.64	1.45	62.45	3.75	3.45
Minimum	11.00	19.36	0.50	56.07	2.88	1.75
Haricot Beans—						
Maximum.....	20.40	26.46	2.46	63.23	6.00	5.65
Minimum	8.50	13.80	0.40	52.04	1.95	2.20
Peas—						
Maximum.....	14.20	26.63	1.65	61.10	3.52	3.70
Minimum	9.80	18.88	0.85	56.18	2.38	2.00
Broad Beans—						
Maximum.....	15.30	26.51	1.50	58.03	7.86	3.26
Minimum	10.60	20.87	0.80	50.89	5.24	2.06

Ground rice treated in the same way is even better in color and flavor, but we cannot expect the same nutritive value. The same may be said of wheaten meal when boiled, malted, and strained. Under the present regulations it is impossible now to obtain ready malted oatmeal, which would shorten the process of making oaten milk.

However, this is only one of many ways in which we might obtain a substitute for milk for many of our sick. If some satisfactory method was agreed on, it should be easy to get it ready-made from a communal kitchen, or private firms, at a price much less than that of milk today.

GEORGE PARKER, M.D.,
Clifton, Bristol.

Brit. Med. Journal, vol. 1, p. 430, April 13, 1918.

The Australian Government is making every endeavor to have rabbit ranching become one of the big assets of the future. Ranches which formerly raised sheep and cattle are now being fenced in with close wire netting and used for breeding grounds and runs for rabbits. Canadian boys and girls could help by raising rabbits.

You Know It's True

You are only playing at food-saving yet. In England and France they are "doing" it.

Milk Substitutes for the Sick

In view of the present scarcity of milk, it seems urgent that we should reconsider our present custom of feeding sick adults on a diet more or less composed of milk. There are, of course, many for whom it is essential. On the other hand, there are great numbers for whom it is not necessary, and some for whom it is not even desirable. Indeed, there are not a few to whom it is repugnant.

In a hospital dietary before me the diet of every patient contains 1½ to 3 pints of milk daily, unless specially ordered otherwise. Now is there any real difficulty in giving a digestible and sufficient diet without milk to a large proportion of these invalids—let us say, to many surgical, cardiac, and mild febrile cases? The fashion is to a great extent only of recent origin, and a peculiarly British one. We have not, indeed, the advantage our Continental friends possess in their light and harmless bouillons, potages, and ptisanes, nor are our patients (unfortunately) accustomed to them, nor have they the mild non-intoxicating breakfast beers of our forefathers; but the chief reason for the popular use of milk as a staple food for the sick, apart from its harmlessness and digestibility, is the ease of preparing it, which saves so much work to friends and nurses in a sick house. In many cases it involves no troublesome prescription or cooking at all. However, it is neither a perfect food for adults, nor is it always well digested, and the dangers of contamination are considerable. Patent foods we have in abundance, but their cost is serious and, to poor patients, often prohibitive. They are very well as an addition to the staple food or in special cases.

I recently asked an educated Chinese gentleman what they fed their patients in China, where, as in many countries, milk was unobtainable. His reply was, briefly, "Rice boiled to a liquid and suitably flavored." To some extent only would this meet our needs.

The ordinary sick person requires a food which is liquid, and therefore easy to take, one very easy to digest and without a strong flavor, one especially which is cheap and easy to prepare; but it need not in many cases supply a very large amount of nutriment, particularly in brief illnesses or where the patient is allowed to supplement it with bread, farinaceous puddings, eggs, butter, meat juice, or fish.

The use of milk for children, or for tuberculous, renal, and marasmic cases, is another matter, and to such as these it might be restricted.

Pulped rice can be made very similar to milk in appearance and flavor, but the protein and fat are extremely low. One of the best substitutes for milk in this country is a preparation of oatmeal with or without maize. If 4 oz. of rolled oats are thoroughly boiled and then, a little diastase having been added, allowed to stand in a warm place, some 5 or 10 per cent. of the starch is converted into maltose. If they are then strained, and water is added to a pint or a pint and a half, we get a liquid

very like milk. The bitter flavor of gruel is to some extent got rid of by the malting process, and the slight sweetness renders it palatable. If we got the whole full value of the oats in liquid form we should have 460 calories, or more than that of a pint of milk; but in any case we have a nutritious and easily digested liquid food.

Vegetable Oils as Illuminants and as Power Agents

Oil is assuming an important place in the world, especially that produced from the vegetable kingdom. Time was when such oil was the sole illuminating agent; and in view of the exhaustion of the world's supply of coal, these plant-produced oils, as heating and motor agents, must again come into prominence. They will in the course of time supplant oil springs, petroleum and its products, for they also must give out. The rape oil, once so much used, will again become of high value, and in many districts attempts are being made to develop the vegetable-oil products. Oil produced from sesamum indicum, under the name of sim-sim or sem-sem, is a large industry on the east coast of Africa and the interior lake districts. Uganda and the coastal plains of British East Africa are the chief producers of the plant, from the seeds of which the oil is produced. This oil is often used as a substitute for olive oil, and even for oil of almonds. It is used extensively for cooking purposes in India and by the Arabs. The Brazilian "Bicahyba" nut is being thus also utilized, but the production is on too limited a scale at present to yield anything but a limited quantity. Cocoanut oil, olive oil, etc., maintain their place in the world's market, but in course of time these values will grow.

It seems unnecessary to recall what the soy-bean cultivation and the soy-bean oil mean to commerce dietetically, agriculturally, and in the arts. It is the foundation of almost all the sauces, relishes, etc., used on the dining-tables throughout the world; the refuse derived from the preparation of the bean is one of the most sought-after of manures, and the oil has its uses in many branches of the arts.

Another vegetable oil—the Chinese wood oil tree (Aleurites fordii)—has a value all its own. Amongst other phases of usefulness, this oil has a drying property which has revolutionized the varnish industry in America, and, as the oil becomes better known, will dominate the world's markets in this branch of industry. Amongst other properties, the seeds of the fruit have a purgative action resembling castor beans, with which plants the Aleurites fordii is closely allied.

Health, civic beauty and safety from fire are all promoted by every effort put forth toward cleaning up.

Editorial

To all the nurses, as to every Canadian or Allied woman, the war news must bring the strongest feelings of the wonderful deliverance from our enemies that this past month has brought. What the cost in casualties is, the daily list in the papers shows. To all of us the call of the Red Cross for more material comforts for the men now should make us all eager to work. The men need help now, as always; but the call is more urgent, if possible. May we hope that the time of peace is not too far away, and then all work harder than ever to help. The Associations will be preparing the Christmas parcels for their overseas sisters, and let the response to the appeal for the needed funds for this be generous.

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Again let the Editor suggest that a subscription to our journal is always a welcome present, and one which repeats itself twelve times. A special card will be provided for Associations sending in a number of subscriptions which will tell the recipient that she is remembered by her Alma Mater or the Association to which she belonged.

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In a recent issue of the *Woman's Century* an account of the annual meeting from the viewpoint of a delegate was given. This was most interesting and also most instructive, as there one got absolute candor as to the way matters appeared to the average delegate present, and in that way got away from the stereotyped account of the meeting. Might not some particularly brave nurse do the same for our conventions, and then no doubt we should benefit by seeing ourselves as others see us. These conventions, to be of any benefit, must be of real, not seeming value; and the practical woman giving constructive criticism is always beneficial, even when we do not enjoy the process of vivisection. Perhaps after the 1919 meeting this can be done to advantage.

"Ask God to give thee skill in comfort's art,
That thou mayst consecrated be and set apart
Unto a life of sympathy.
For heavy is the weight of ill in every heart,
And comforters are needed much
Of Christ-like touch."

He who is his own friend is a friend of all men.—SENECA.

Victorian Order of Nurses

The Victorian Order of Nurses for Canada has passed another milestone in its history. On September 1st they moved into modern, up-to-date business offices in the Holbrook Chambers, 104 Sparks Street, Ottawa. Up to this time the headquarters of the Order has been at 578 Somerset Street. This house was a gift of the late Senator George Cox to Lady Aberdeen for the use of the Order. Not only was this the home and the office of the chief superintendent, but sheltered also the district superintendent and nurses of the Local Branch. Seven years ago the Ottawa Association purchased the present roomy and comfortable house at 478 Albert Street for their local headquarters. Since that time the chief superintendent, her assistant, and the inspector have made their home at the Somerset House, together with managing from there the business affairs of the Central Board. With the great expansion of the work in recent years, this was found no longer workable. The chief superintendent and her staff have to be in closer contact with the business life of the city and with the very busy professional and business men who give so much of their valuable time to conducting the affairs of the Order. The Somerset Street home has been leased. The headquarters staff are paid a straight salary and live where they want to, which is in keeping with modern methods and with the spirit of the Victorian Order Nurses' conference held last spring.

The chief superintendent, with the inspector, spent the summer months in the Western provinces. In addition to the usual visits of inspection, a number of new posts are to be opened, involving the obtaining of sites, letting of contracts, etc., together with the race with Mother Nature to get the work done before she lays her cold hand upon them with the early frosts.

In spite of the needs of the war and the public health service of the large cities, a certain number of Canadian nurses are offering themselves for this more strenuous form of public service.

In the work done in the provinces of Saskatchewan and Alberta, every possible assistance is given us by the Provincial Governments, which adds greatly to our sending speedy help where it is most needed. The hospital at Athabasca is being remodeled and fitted up with modern improvements. This is one of the posts where only a nurse with the true national spirit will go. Miss Thornley and Miss Stead are doing national service work of the highest kind.

Miss Brander is working a large area 40 miles north of North Battleford. She lives alone in a tiny shack a mile and a half from the nearest house, and disputes every corner of her domicile with the gophers.

Every effort is being made to build a nursing home for two nurses and several patients before winter. They have neither water, drainage, nor telephone, and no doctor nearer than North Battleford.

Miss Lott, a Halifax nurse, left in August to take charge of a little hospital at Quesnel, in the Cariboo district. She had to go to Prince George, in the Peace River district, and float down the river in a flat-bottom river boat. Word has been received of her safe arrival, and she announces she is "going to be very happy in her work."

Miss Murphy, who has had charge of the Grenfell Hospital Mission in Labrador, is returning to her home in New Brunswick. The hospital has had to be closed because they could not obtain the services of a physician.

Miss Effie McDonald, an American nurse, has been appointed as assistant at the Rosamond Memorial Hospital at Almonte, Ont.

A ten-bed hospital is to be erected at Vanguard, Saskatchewan, this autumn for the use of that village and the municipalities of Whista Creek and Glenbain.

Head Nurse Shore, of the Winnipeg branch, has resigned, and Miss Kervan, of the hospital at Salt Spring Island, has succeeded her.

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 104 Sparks Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

News from The Medical World

By Elizabeth Robinson Scovil

The Wasserman Test

The Canadian Medical Association Journal says, in order to obtain a reliable test for syphilis with the Wasserman reaction, it is necessary to use the following precautions: First, blood must be taken directly from vessels, avoiding the subcutaneous fat, and not by blister or cupping. Second, blood should never be taken after a meal but while fasting, nor during fever, any acute infectious disease, suppurations or absorptions of large inflammatory exudates, as in pneumonia, empyema, etc.; nor even in ulcerating or necrosing tumors, nor after narcosis. A negative Wasserman does not necessarily exclude syphilis.

Hay Fever

Hay fever is due to the inhalation of pollen. Weeds and grasses which bear the pollen must be kept cut if any locality is to be free from it. Flowers, whether wild or cultivated, are fructified by pollen carried by insects and not by that borne by the wind, so they do not cause the disease. The common rag-weed is a principal offender. This flourishes up to an altitude of 4,000 feet; above this height the hay fever sufferer is safe. In seaside resorts, if the wind is from the sea, it brings relief; if from the land, it is laden with the pollen, which excites the symptoms. Alberta is remarkably free from hay fever. The Muskoka Lake region, and Algonquin Park, abounding in lakes and covered with thick woods, preventing the presence of weeds, are favorable localities. Campobello (in the Bay of Fundy) and Prince Edward Island (in the Gulf of St. Lawrence) are recommended.

Use of Egg Shells

Dr. W. W. Keen, of Philadelphia, says that in the Civil War shells from eggs used in the hospitals were saved and sold. In one hospital of 3,000 beds the revenue was $3,000.00 a year. The shells are pure calcium carbonate and were used in the manufacture of face powder. Might not this hint be useful in large civil hospitals?

Nutrition

To the trained eye, the general appearance of the child may reveal much that is hidden from the mother. The posture, the firm, resistant subcutaneous tissues speak for health; flabby, non-resistant ones for malnutrition. Expressionless, tired-looking children, with dark circles about the eyes, need to have their diets revised, or else have grave disturbances of health. Cyanosis of the cheeks, ears and finger-tips may show cardiac

or pulmonary disease. The bony changes in the skull of rachitic children can be recognized at a glance.

The Cost of Infectious Disease

Scarlet fever, diphtheria and measles cost the people of Chicago about $7,562,422.00 for the year 1916. Much, if not all, of it might have been prevented. It can confidently be asserted that this tremendous bill was due largely to carelessness and indifference.

Child Care

It is stated that if a child in his growing years is made a beast of burden, in maturity he almost invariably joins the ranks of the physically unfit and becomes a serious factor in racial decay. Children in large cities, whose playtime is wholly absorbed by the care of their younger brothers and sisters; the boys and girls who carry heavy burdens about city streets; the farm children who work in fields and gardens too long under a blazing sun, are frequently stunted in their development during the years of growth, when rest and play are the most important requirements for good health.

Wheat Not a Necessity

The United States Food Administrator says we are accustomed to regard wheat as a more or less indispensable article of diet. It isn't. It is an article of luxury. Wheat possesses over oats, corn and rice absolutely no nutritional quality for man or beast. It has no more fat and no better fat. It has no better mineral salt, nor in larger amounts. It has no more fuel, nor better fuel. It is just one of the cereals, and there isn't the slightest evidence that it is the best one, because so far as comparative tests are concerned in animals, it isn't the best one; it is very far from the best one.

Pre-operative Purgation

The *Journal* of the American Medical Association, in an editorial, calls attention to recent literature on this subject. Alvarey, of the Hooper Foundation for Medical Research, states that after vigorous cartharsis the isolated musculature of the bowel is no longer as responsive to stimulus as it is normally and is more easily fatigued. The bowel as a whole may become unduly filled with gas and fluid, the circulation of the intestine impaired and the peristalsis altered. In this way much of the gas distention, and perhaps the nausea and vomiting following operations, may be partially accounted for.

What is to be gained by the evacuation? Sterilization of the intestine is impossible and there is little indication that anything seriously toxic is removed by catharsis. It leads to loss of water and intestinal secretion, both very valuable. A simple enema before the operation is all that is necessary.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

School Hygiene

The monthly report of the school nurse, Miss Anne Morton, in the Watrous inspectorate, has been received by the School Hygiene Branch. There are several peculiar features in this report. It will be noticed that out of 412 children examined, only 52 were found without defects of one kind or another. This is only about 12 per cent., and it is somewhat startling that there should be 88 per cent. of the pupils needing medical attention. It is encouraging to note, however, that a very large number of those needing dental work have already been attended to. The report as a whole emphasizes the necessity for this work. The following are the figures:

Number of schools visited	29
Number of pupils inspected	412
Number of pupils with no defect found	52
Number of pupils with defective vision	37
Number of pupils with defective hearing	13
Number of pupils with enlarged or diseased tonsils	69
Number of pupils with adenoids	26
Number of pupils with carious teeth	168
Permanent molars lost	74
Permanent molars decaying	319
Temporary teeth requiring dental care	656
Marked mal-occlusion	1
Special Cases:	
Tuberculous hip	1 case
Heart lesions	2 cases
Deformity following infantile paralysis	1 case
Goitre	1 case
Pyorrhea	1 case

A very interesting statement in connection with school hygiene work has been compiled by the Russell Sage Foundation in the United States. Of course the keeping of a child at school costs money, and a calculation was made showing to what extent various defects retarded the progress of the children in the passage through the various grades. Taking the average time in school in the elementary grades as eight years, it was found that dental defects caused a prolongation of the period to eight years and five months; defective breathing to eight years and six months; enlarged tonsils to eight years and seven months; adenoids to nine years and one month. It can easily be seen that from the point of view of economy, leaving aside the question of direct benefit to individuals, a

substantial saving can be effected by detecting and curing these defects. Conditions in Saskatchewan are very much the same as in the places where these figures were compiled, and there can be no doubt that by detecting these defects and taking means to correct them we can greatly increase the efficiency of the rising generation. From an economic standpoint a strong appeal can be made, but an even stronger one can be presented from an altruistic standpoint.

British Columbia

Two more school nurses, Misses Hickman and Darragh, have been added to the staff of the Vancouver School Nurses this autumn.

The Diet Kitchen

By Elizabeth Robinson Scovil

Salads

As the newly-discovered food element "fat soluble A" is abundant in green leaves, it is important that this part of plants should be used in the diet of the sick. It requires fat to ensure its best utilization; so that salads, with the dressing containing fat, seems an ideal form in which to give it.

Lettuce is the first choice in green leaves for a salad, but a very delicious one can be made without it; and an ingenious nurse will give her patient so many different ones that she will not tire of any of them. Not too large a quantity should be served at once.

There are three important classes of salad dressing: mayonaise, boiled salad dressing, and French salad dressing. Either of them will keep in the ice-chest for some days, so it is possible to make a sufficient quantity for several meals at one time.

Mayonaise

To make mayonaise successfully, all the utensils as well as the materials should be very cold: just off the ice in summer. The second point to be observed is to add the oil very slowly.

Take the yolk of one egg, a cup of olive oil, or salad oil, half a teaspoonful of salt, a few grains of cayenne pepper, or paprika, half a teaspoonful of mustard, if liked, about two tablespoonsful of lemon juice, or strong vinegar. Mix in a bowl with a plated fork, and in hot weather set the bowl in cracked ice. Be careful that no white remains with the yolk of the egg. Beat the yolk slightly, mix the seasonings and stir them into it. Begin to add the oil a drop at a time, beating hard. As it thickens add oil more rapidly, but never until that already put in is thoroughly

mixed with the egg. When too stiff to beat easily add a little vinegar, or lemon juice, and continue adding oil and acid alternately until all is in.

Boiled Salad Dressing

Boiled salad dressing can be made with one egg if a little flour is added to thicken it. Take half a teaspoonful of mustard, the same of salt, one teaspoonful of sugar, two teaspoonsful of flour. Mix these ingredients in a saucepan, stir into them one egg, two teaspoonsful of melted butter, three-quarters of a cup of milk. Cook in a double boiler, or a bowl set in a saucepan of boiling water. When it begins to thicken add a quarter of a cup of hot milk gradually. When as thick as good cream strain, if necessary, and cool.

Sour Cream Dressing

Another form of uncooked salad dressing is made with thick sour cream seasoned with pepper, salt and sugar and thinned by the addition of a little vinegar. Beat to mix thoroughly and chill.

Fat is absolutely necessary in a well-balanced diet, and a good salad dressing is an acceptable means of administering it. Such fat as is not burned, or oxidized, as fuel in the body goes to build up the fatty tissues, which are depleted first in illness. The process of its digestion is interesting to a nurse. Fat passes out of the stomach in much the same state as when it entered it. In the small intestines they are in part emulsified, mixed with the watery contents of the bowel, and partly saponified, turned into soap, by the pancreatic juice, bile and intestinal juice. The fat by these processes is divided into smaller and smaller droplets until these are tiny enough to be sucked up by cells lining the intestine. From these cells the fat is passed on to the lacteals, fine tubes uniting at last in one large one, the thoracic duct, emptying into the blood stream. In the lacteals it is always found in the form of an emulsion, the milkiness caused by the suspended globules giving these tubes their name, which means containing milk, or belonging to milk.

Fat finely divided, or mixed with other food, is made ready for absorption more quickly than when swallowed in a mass. Perhaps this is the reason why we prefer the well-mixed fat in a salad dressing to taking a cup of oil, or a lump of butter alone.

Almost any green vegetable can be made into a tempting salad, either alone or mixed with lettuce. Beans and green peas, young carrots, beets, Swiss chard and potato make delicious salads. Tomatoes sliced and served with mayonaise, dressed celery, and finely shredded cabbage with boiled salad dressing or French dressing are often acceptable. Apple salad flavored with mint, banana salad either alone or combined with apple and peanuts finely chopped; pears with the addition of a teaspoonful of extract of ginger, pineapple salad are all good. They should be put on lettuce leaves and covered with any salad dressing preferred.

Hospitals and Nurses

NOVA SCOTIA

The annual meeting of the Graduate Nurses' Association of Nova Scotia was held September 19th, with Matron Graham, of the Pine Hill Convalescent Hospital, in the chair. The meeting opened with the invocation and a fine address from Rev. Dr. Foley. In the splendid address of the President reference was made to the work done by the nurses during the year, special mention being made of the disaster in Halifax. Touching reference was also made to the late Sister Follette, one of those gallant sisters who lost their lives in the Llandover Castle, and who was a member of the Association.

After business was discussed, the following officers were elected: President, Miss Barrington, Superintendent of Halifax Infants' home; Vice-President, Nursing Sister Hayden; Secretary, Miss Burgoyne; Treasurer, Nursing Sister Rice; Executive Committee, Miss Pickles, Mrs. Wm. Bligh, Mrs. Hall and Miss Luxon.

Among the important subjects discussed was the proposed provincial registration of the nurses.

After the business session a supper was held at the Tally-Ho, and at this function a basket of flowers was presented to the retiring President, with an expression of the deepest regret at her retirement from the office which she has filled so faithfully. An excellent talk was given by Matron Graham, who described the details of nurses' work at the front, and the tribute by Miss Pemberton to the absent friends was most eloquent.

Matron Doyle, of the Station Hospital, leaves very soon for overseas. Sisters have come and gone, but it will be a long time before Matron Doyle's place will be filled in the hearts of the sisters and patients. An informal tea was recently given by Mrs. William Forrest as a farewell to Mrs. Doyle. The invitations included the old and the new executive of the N. S. G. N. A. and a few old friends.

Matron McKenzie, of the Ross Military Hospital, Sydney, was in town for the annual meeting of the Association.

Miss Lena Stoddard, graduate of the Victoria General Hospital, Halifax, has accepted a position on the staff of the Ainslee Hospital, Truro, N.S.

Miss Luxon, Superintendent of the V.O.N. in Halifax, has returned from Toronto.

Miss Irene Monro, who has been on the staff of the V.O.N. in Halifax for three years, and Miss Cuvilier, V.O.N., in Glace Bay, have been called by the American Red Cross. Miss McPherson, V.O.N., has been appointed to fill Miss Cuvilier's place.

Nursing Sister Keith, of the Station Hospital, is convalescing after an operation for appendicitis.

Nursing Sister Anna M. Cameron, recently returned from overseas, is on leave at her home in Big Island, Pictou County.

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NEW BRUNSWICK

Miss E. T. Hegan, Principal Matron for M.D. No. 7, was awarded the Royal Red Cross recently.

Nursing Sister E. MacIntyre is leaving shortly for overseas service.

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QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL

Sister Eleanor Baker, Q.A.I.M.N.S., who has been at Rouen for the past 18 months, and is now on leave for a month, paid a brief visit to Montreal friends on her way to her home in Napanee.

Mrs. Wm. Eakin announces the engagement of her daughter, Alice M., to Major H. C. Burgess, recently returned from France after three years' service with No. 3 McGill Hospital. Miss Eakin has been in charge of the private wards in the R.V.H. for several years and will be much missed.

The engagement is announced of Nursing Sister Charlotte Tuck, C.A.M.C., to Capt. Robertson, C.A.M.C., the marriage to take place this autumn.

The engagement is also announced of Nursing Sister Dorothy Helen Montizambert to Cadet Hugh Patterson. The marriage will take place in England in October. Miss Montizambert is a graduate of the R.V.H. (1916) and is stationed at Taplow.

A bronze tablet to the memory of the late Lieut.-Colonel John McCrae has been placed in the main entrance of the R.V.H. by the governors of the institution.

Miss M. Hersey attended the annual convention of the American Nursing Association at Atlantic City.

Nursing Sisters M. Cornell (1902) and A. L. Lauder have been brought to the notice of the Secretary of War, for valuable services rendered.

Nursing Sister Helen Kendall (1916) is at present in England making a special study of anaesthetics.

Nursing Sister Mary Bliss (1911) has resigned from the C.A.M.C. and is at present at her home in Smith's Falls, Ont.

Miss M. Whelan has been detailed for duty at St. Johns, Que., and Miss Janet Slattery at the Drummond St. Home, and Nursing Sister H. Lapham transferred from Kingston to Coburg, Ont.

MONTREAL GENERAL HOSPITAL

Deepest sympathy is felt for Miss McFarlane in the recent loss of her mother.

Miss Lottie Urquhart, New Glasgow, N.S., has been decorated with the Military Medal. Four bombs fell in her wards, but she attended the wounded, her courage and devotion being an inspiring example. Miss Urquhart graduated from the M.G.H. in 1913.

Miss McCarthy is on duty in the Military Hospital, Drummond Street.

Miss Lightbound has been sent to Quebec to nurse Spanish influenza.

Miss Peach has been called for military duty.

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ONTARIO

St. Catharines

The annual meeting of the Mack Training School, St. Catharines, was held at the Nurses' Residence, September 4th, and was fairly well attended. Fourteen new members were accepted and the officers for the ensuing year elected. After considerable business was transacted, the meeting adjourned for tea.

Miss Caroline Humphries and Miss Norma Grenville have left to take up positions in Saskatchewan.

Miss Uren, who recently underwent an operation, is convalescing at the home of her brother, Kincardine, Ont.

Ottawa General Hospital

Rev. Sister Mary Daniel, who for the past twelve years has been in charge of the operating at the Ottawa General Hospital, left for the Champlain Valley Hospital, Plattsburg, N.Y., to fill a similar position.

The first meeting for the season of the Hospital Alumnae Association was held September 16th, the President, Miss McElroy, in the chair. It was decided to hold an entertainment shortly to raise funds for patriotic and alumnae purposes. After the meeting the members welcomed the new Superintendent, Rev. Sister St. Constance.

War Patriotic Pageant, Toronto

Never before in the history of Canada has women's work in wartime been so graphically illustrated as it was by the patriotic pageant and parade given before the grandstand at the Toronto Exhibition. Over 10,000 women took part, which was merely a representative number of the vast army of Canadian women war workers bending every energy daily towards the great cause of humanity—the winning of the war.

Promptly at 2 o'clock the pageant opened with a fanfare of trumpets, when "Miss Canada" called her women to the service. Immediately the stirring appeal was answered by the episode, "Our Nurses Somewhere in France."

This episode and the valiant work of the nursing sisters at the Front was illustrated by a view of a section of a field hospital somewhere in France. The soldiers were shown going into the trenches, with the booming of the cannon heard in the distance. Then came the dispatch rider, followed by a tremendous offensive attack by the enemy. The soldiers are mowed down as they stand. Then, when the attack has subsided somewhat, the nursing sisters are shown arriving and preparing for the work to follow. The wounded are then brought into the hospital by the stretcher-bearers, when of a sudden a bomb hits the hospital and all is carried away.

FORMED AS A CROSS

This is followed by the second episode, entitled "Our Nurses at Home Ready to Serve." Four hundred nurses, in pure white uniform, formed into a Cross on the platform, under the direction of Miss Mary Hamilton, while the French band played a march.

Rapidly the women formed in military fashion on the platform preliminary to the monster parade. The mothers, wives, daughters and sisters of the men in the Army and the Navy headed the procession, which came out from the eastern side of the platform and marched twice in front of the grandstand and out through the western entrance by the Press Building, disbanding in the athletic grounds.

LADY STANLEY INSTITUTE, OTTAWA

Nursing Sister Irene L. Fitzgerald (L.S.T., Ottawa) is stationed at No. 4 Canadian General Hospital near Basingstoke, Hants.

Friends of Mrs. H. A. May, Waverly Street, Ottawa (L.S.T., Ottawa), will be sorry to hear that her husband's son, Eric H. May, died of wounds, August 22nd, at No. 6 General Hospital, Rouen, France.

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MANITOBA

BRANDON

Nursing Sisters S. Persis Johnson and Mina M. Mowat have been awarded the Royal Red Cross. They have both been overseas since early in the war.

Misses Gladys Hopper and Edith Morrison have jointly taken charge of the Estevan Hospital, Saskatchewan.

Miss Greenstreet has been the District Nurse for Brandon over two years. In October she leaves to take up work in Winnipeg as Matron of the Children's Aid Society. Mrs. Greenstreet is a graduate of the London Hospital, London, England.

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BRITISH COLUMBIA

Miss Alice Culham, V.G.H., who was in charge of the Dawson Hospital until it closed, left recently to take charge of the hospital in Kelowna.

After over four years' service as Superintendent of the King's Daughters' Hospital, Duncan, B.C., Miss G. M. Curry has recently resigned, and her position has been filled by Miss Isabel J. Smith, graduate of the Hospital, Peterborough, Ont., and who has been for some time in Dr. Brett's Sanitarium at Banff, Alberta. Before Miss Curry left, she was the recipient of much hospitality and many gifts.

The regular monthly meeting of the Vancouver Graduate Nurses' Association was held October 2nd. After routine business, Dr. H. W. Riggs gave a very interesting talk on "Goitre," which was much appreciated by the members. Dr. Riggs spoke of the increase of goitre in those districts in England known as "war areas," where there is a constant fear of air raids, and also the increase among soldiers—those who

have been on active service. This, it was thought, was probably due to excitability of the thyroid gland, from fear, nervous excitement, etc., causing an increased secretion.

The regular quarterly meeting of the Graduate Nurses' Association of British Columbia was held on Friday, October 4th, at St. Paul's Hospital, Vancouver, B. C.

Miss Randal, President, took the chair at 8 p.m. After the routine business, the President gave a short report of the annual meeting of the Canadian National Association of Trained Nurses, to which she has been the official delegate for British Columbia, and also of her successful trip between Vancouver and Winnipeg, where she had met the nurses and spoken on the *Canadian Nurse Magazine*, Registration, Training Schools, and other problems. A paper on "Botulism," taken from the *Pacific Coast Journal of Nursing*, was read by Miss Stott.

The "Canadian Nurse" Committee was formed for the year: Miss Irene Clark (Convener), Miss Archibald and Miss McCartin. It was decided that the Association would remember the nurses overseas from British Columbia again this Christmas.

With a vote of thanks to the Sisters for the use of the room, and the singing of "God Save the King," the meeting adjourned.

Births

WHITELAW—On August 29th, 1918, to Dr. and Mrs. W. W. Whitelaw, a daughter. Mrs. Whitelaw was Miss Mackay, R.V.H., Montreal.

KENNEDY—To Dr. and Mrs. W. W. Kennedy, at the General Hospital, Vancouver, on September 19th, a daughter. Mrs. Kennedy was Miss Kathleen Huntley, graduate of the V.G.H., Vancouver.

LENNOX—At Montreal, August 29th, 1918, to Dr. and Mrs. Lennox (Miss Thomas, M.G.H.), a son.

MACDERMOT—At Vancouver, B. C., September 26th, 1918, to Dr. and Mrs. J. H. MacDermot (Miss Swift, Montreal General Hospital), a son.

Marriages

SCRIMGER-CARPENTER—On September 7th, 1918, at London, England, Miss Ellen Emerson, only daughter of Mrs. Seymour D. Carpenter, formerly of Montreal, to Major Francis A. C. Scrimger, V.C., C.A.M.C. Miss Carpenter is a graduate of the R.V.H., Montreal, and went overseas with the McGill Hospital, to which Major Scrimger is also attached.

HARVEY-COUGHLAN—On September 11th, 1918, at St. Martin's Church, Montreal, Iva Irene, youngest daughter of Mr. and Mrs. C. Coughlan, Brockville, to Mr. John Harvey, Frelighsburg, Que. Miss Coughlan graduated from the R.V.H., 1916.

CREELMAN-HODGES—On Wednesday, September 25th, 1918, at the residence of Dr. and Mrs. A. S. Monro, Vancouver, Alma E. Hodges,

R.V.H., to Mr. Stanley T. Creelman. Miss Hodges has been instructress at the Vancouver General Hospital for some time.

WRIGHT-MEGGS—On September 10th, 1918, at Drumbo, Ont., Stella Meggs, graduate of the Toronto Western Hospital, to Mr. George Edward Wright, Penetanguishene, Ont.

DOYLE-QUINN—On September 7th, 1918, at St. Bridget's Church, Ottawa, Miss Mellie Quinn, graduate of the Ottawa General Hospital (1910), to Mr. J. P. Doyle, of Ottawa.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Association meets in Nurses' Residence the first Tuesday in September; then the first Tuesday of each alternate month.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—First Tuesday, 3.30 p.m.

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